

## **SUPPLIER EVALUATION REPORT**

*(TO ORDER, FAX THESE FORMS)*

**FAX TO: DUN & BRADSTREET CORPORATION**  
**FAX NUMBER: (610) 807-1075**  
**ATTN: PAST PERFORMANCE EVALUATION FULFILLMENT**

### **SECTION ONE:** **ABOUT YOUR COMPANY**

**PLEASE PREPARE AND DISTRIBUTE A SUPPLIER EVALUATION REPORT  
ON MY COMPANY, AS LISTED BELOW:**

\_\_\_\_\_  
*(YOUR COMPANY NAME)*

\_\_\_\_\_  
*(YOUR COMPANY STREET ADDRESS)*

\_\_\_\_\_  
*(CITY, STATE, ZIP)*

\_\_\_\_\_  
*(YOUR COMPANY PHONE NUMBER)*

\_\_\_\_\_  
*(YOUR COMPANY FAX NUMBER)*

\_\_\_\_\_  
*(YOUR PERSONAL/CONTACT NAME)*

### **SECTION TWO** **BIDDER STATUS**

**I AM BIDDING AS A \_\_\_\_\_ PRIME CONTRACTOR OR \_\_\_\_\_  
SUBCONTRACTOR.**

**IF A PRIME CONTRACTOR, PLEASE LIST THE SUBCONTRACTORS  
WHO WILL BE SUBMITTING ORDERS/REFERENCES FOR THE PAST  
PERFORMANCE EVALUATION SERVICE**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF A SUBCONTRACTOR, PLEASE LIST THE PRIME CONTRACTOR  
WITH WHOM YOU ARE TEAMING:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***SECTION THREE:***  
**THE RECIPIENT OF THE INFORMATION**

**PROVIDE ONE COPY OF SUPPLIER EVALUATION REPORT ON MY COMPANY TO THE FOLLOWING:**

Simulation, Training and Instrumentation Command  
*(AGENCY NAME)*  
12350 Research Parkway  
*(AGENCY STREET ADDRESS)*  
Orlando, FL 32826-3275  
*(CITY, STATE, ZIP)*  
(407) 384-3924  
*(AGENCY PHONE NUMBER)*  
(407) 384-5351  
*(AGENCY FAX NUMBER)*  
Melissa Cossentino, Code 25737  
*(CONTACT NAME/ATTENTION)*  
  
RFP #: N61339-00-R-0014

***SECTION FOUR:***  
**PAYMENT INFORMATION**

☐ **BILL ME - SEND INVOICE TO THE ADDRESS SHOWN IN SECTION ONE**

☐ **BILL TO MY CREDIT CARD:**

☐ **AMERICAN EXPRESS**      ☐ **VISA**      ☐ **MASTERCARD**

**CARD NUMBER:** \_\_\_\_\_ **EXPIRATION DATE:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**I AGREE TO PAY \$50 FOR THE PREPARATION/DISTRIBUTION OF MY SUPPLIER EVALUATION REPORT, COPIES OF WHICH WILL BE PROVIDED BOTH TO MY COMPANY AND THE AGENCY IDENTIFIED IN SECTION THREE ABOVE.**

**QUESTIONS? CALL (800) 476-2446**